

Welcome to UDOT's FY 2009 Federal Transportation Administration (FTA) Grant Programs Application.

APPLICATION INSTRUCTIONS

- The Program Guidance offers detailed instructions for completing the application.
- If you are requesting funding for multiple unrelated projects, please fill out a separate application for each project, as directed by Public Transit Team staff.
- If you have additional questions please contact UDOT's Public Transit Team at 801-965-4360.

Civil Rights (Title VI)

The Utah Department of Transportation (UDOT) is committed to compliance with Title VI of the Civil Rights Act of 1964 assuring that no person shall on the grounds of race, color, national origin, gender, age, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any UDOT service, program, or activity.

Americans with Disability Act (ADA) Information

Materials can be provided in alternative formats for persons with disabilities by contacting Public Transit Team at 801-964-4508.

AGENCY

Please provide the following information for your agency:

Contact Information

Legal Name of Organization: _____

Primary Contact Person for the Project: _____

Federal ID Number: _____

Physical Address

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Zip: _____

Mailing Address (if different)

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Zip: _____

Other Contact Methods

Phone: _____ Fax: _____

Email: _____

Website: _____

LEGAL STATUS OF AGENCY FOR ELIGIBILITY

Your agency will fall into one of the categories described below. Please select the one that fits your organization

- ☐ Your agency is a **State Or Local Governmental Authority** (including tribal and special service districts)

Yes / No: Do you provide transportation service in an area that no non-profits are available to provide service?

Yes / No: Are you the coordinating agency for human service transportation activities in your planning and service area?

- ☐ Your agency is a **Private Non-Profit** agency
- ☐ Your agency is the **Operator Of Public Transit** services including private operators of public transportation services

COORDINATED PLANNING

The FTA requires that all projects seeking funding from Section 5310 (Elderly Individuals and Individuals with Disabilities Program), 5316 (Job Access Reverse Commute) and 5317 (New Freedom) programs must be derived from a locally developed coordinated human service public transportation plan.

Please select the region(s) which your project(s) will serve (for a map, refer to Program Guidance, Chapter 5):

- ☐ Bear River AOG
- ☐ Wasatch Front
- ☐ Mountainland AOG/MPO
- ☐ Six County AOG
- ☐ Five County AOG
- ☐ Uintah Basin AOG
- ☐ Southeastern UTAH ALG AOG/MPO
- ☐ Cache MPO
- ☐ Dixie MPO

Is your project part of the coordinated transportation plan for the regions in which you operate or will operate? (To obtain a copy of your region(s) coordinated plan, contact your regional planner—see Program Guidance Chapter 5 for a contact list)

- ☐ Yes
- ☐ No

Note: if you cannot answer 'yes' to the above question, you must first contact your regional planner to determine if your project is part of the coordinated plan and/or learn more about the coordinated plan in your region. **Your project(s) must be part of the coordinated plan to continue.**

PROJECT DESCRIPTION

Project Name: _____

Please provide a brief description of your proposed project for which you are applying for funds. Provide additional sheets if necessary. Please keep responses to less than 250 words.

[illegible]

SERVICE AREA

Describe the geographical (city, county) service area of the project.

If applicable, what are the hours and days of operation for the project(s)? You may respond by describing them in the space provided or by attaching a schedule to this application.

IMPACT

How will this project impact the community in which it is located**? In your response, please include benefits to the community as well as how the project will promote access to transit for transportation-disadvantaged individuals (the elderly, persons with disabilities, lower income individuals) in the community. Provide additional sheets if necessary.

[illegible]

****Responses to this question will factor into the prioritization of your project during the grant award process**

MEASURES

If applicable, estimate the annual number of passenger one-way trips to be provided as a result of project implementation:

	Total	% of Total
Low Income:		
Elderly:		
Disabled:		
Other: (such as general public)		
Total		100%

If applicable, estimate the number of average daily one-way job related passenger trips that will be provided if your project is implemented:

COORDINATION

The FTA requires that all projects seeking funding from Section 5310 (Elderly Individuals and Individuals with Disabilities Program), 5316 (Job Access Reverse Commute) and 5317 (New Freedom) programs must be derived from a locally developed coordinated human service public transportation plan.

The next questions concern the extent to which your project is consistent with the strategies defined in the local coordination plan.

To review your region's current coordination plan, contact your region's planner (contact information is available in the Program Guidance).

NEEDS AND STRATEGIES

Please identify by page number, the need(s) and/or strategy(ies) addressed by your project(s).

Page Number		Need / Strategy	
Page Number		Need / Strategy	
Page Number		Need / Strategy	

Please describe how the project addresses the need(s) and/or strategy(ies) of the coordinated plan**. Provide additional sheets if necessary. Please keep responses to less than 250 words.

[illegible]

****Responses to this question will factor into the prioritization of your project during the grant award process**

PARTNERS AND STAKEHOLDERS

To what extent is your project coordinated with the transportation programs of other organizations**? Please identify any organizations that your agency has coordinated with to develop the project.

Fill in the appropriate information for each organization with which you have coordinated. Add additional sheets as necessary.

Organization	
Point of Contact	
Address	
Phone	
Email	

Organization	
Point of Contact	
Address	
Phone	
Email	

**Responses to this question will factor into the prioritization of your project during the grant award process

TIMELINE

Provide a timeline for project implementation. Please include important milestones and the estimated date when those milestones will be reached. Examples of such items include the Request for Proposals (RFP), the contract award, equipment delivery, and contract completion.

[illegible]

MANAGEMENT

Describe the agency's ability to manage the project and the number of years the agency has worked with the targeted population**. Please keep responses to less than 250 words

[illegible]

****Responses to this question will factor into the prioritization of your project during the grant award process**

CURRENT VEHICLE INVENTORY

If you are a current recipient of UDOT-administered FTA funding, we have attached a document to this application listing all the vehicles we have on record for you.

Please confirm your inventory of FTA-funded vehicles and add any, if necessary.

If the inventory is missing a UDOT-administered FTA funded vehicle, or if you are replacing an existing FTA funded vehicle not listed in the inventory, provide the missing information.

Add Vehicle

Make	
Bus Name	
Year	
VIN	
Mileage	
Date of Mileage	
Seat Count	
ADA Accessible (Y/N)	

CURRENT VEHICLE INVENTORY

If you need to remove a vehicle no longer with your program, provide that information here:

Remove Vehicle

Make	
Bus Name	
Year	
VIN	
Mileage	
Date of Mileage	
Seat Count	
ADA Accessible (Y/N)	
Disposal Date	
Disposal Method	
Monies Received	

Will monies received from the disposal of the vehicles be reinvested back into the transportation program?

- ☐ Yes
☐ No

PROJECT TYPE

Please review and indicate which type of funding your project requires:

- ☐ Capital
- ☐ Operating

Description of Funding Types:

Funding Type	Used For	Federal % of Project	Local % of Project
Capital	Vehicles Equipment Mobility Management (refer to Program Guidance for a complete list of eligible expenses)	80%	20%
Operating (operating funds can only be used for projects that serve persons with disabilities beyond ADA requirements and / or programs providing access to jobs for low-income individuals)	Driver salary Maintenance and Repair Fuel and Oil Insurance	50%	50%

NOTE: If you are applying for contracted operating services for programs serving elderly persons and persons with disabilities you must apply for those funds under Capital Expenses

VEHICLE CAPITAL BUDGET ITEMS

Only complete this section if you are applying for a capital grant to purchase a vehicle or non-vehicle capital items.

Specify the number of vehicles you are requesting. Also, indicate whether the vehicle(s) for which you are applying will:

- replace an existing vehicle
- expand an existing fleet of vehicles
- be used to start a new service

	Vehicle Type	Total New Vehicles Requested	Unit Cost	Total Estimated Vehicle Capital Cost	Count of Replacement Vehicles	Count of Expansion Vehicles	Count of New Service Vehicles
UDOT Procured	22' Bus (Non-CDL)		\$50,000				
	25' Bus (CDL Required)		\$55,000				
Agency Procured							
Total							

NON-VEHICLE CAPITAL BUDGET ITEMS

Add your non-vehicle budget items below. Provide information for each item. Use additional pages, if necessary.

Description	Reason (New Service, Replacement, or Expansion)	Quantity	Unit Cost	Total Estimated Non-Vehicle Capital Item Cost
Total				

INFORMATION ON REPLACING EXISTING VEHICLES

Only complete this section if you indicated on the prior page that you are requesting a new vehicle.

1. If applicable, provide information regarding the vehicle you intend to replace:

Model Year	Make	VIN	Mileage	Mileage Date	Section	Disposition: Retain for Backup OR Dispose

___ Check here to certify that any funds or in-kind value from the disposition of FTA-funded vehicles will be retained for use in your transportation program

2. If applicable, describe how the vehicle will be used to expand service:

3. If applicable, describe the new service that the new vehicle will be used for:

LOCAL MATCH FOR CAPITAL BUDGET

Only complete this section if you are applying for a capital grant to purchase a vehicle or non-vehicle items.

Sum your capital costs, both vehicle and non-vehicle:

Cost	Amount
Total Estimated Vehicle Capital Cost (from the previous page)	\$
Total Estimated Non-Vehicle Capital Cost (from the previous page)	\$
Total Estimated Capital Cost	\$
Federal Match Requested (Multiply the Total Estimated Capital Cost by 80%)	\$
Local Match Requirement (Multiply the Total Estimated Capital Cost by 20%)	\$

A twenty percent local match is required for FTA funds used for capital purchases. Eligible matching sources may not include funds from federal United States Department of Transportation (U.S. DOT) sources (e.g. Federal Highway funds, other FTA funds, etc).

Please list all sources of non-U.S. DOT local match sources and dollar amounts to be used as a local match:

Source	Amount
City	\$
County	\$
State	\$
Non-U.S. DOT Federal (Please identify)	\$
Donations	\$
Corporate	\$
Other (Please identify)	\$
Total (must be greater or equal to the local match requirement calculated above)	\$

ESTIMATED ANNUAL OPERATING EXPENSES

Only complete this section if you are applying for a capital grant to purchase a vehicle or non-vehicle items OR are applying for an operating grant.

Please fill in estimated annual operating expenses for the next four years. While the current grant only awards 2009 expenses, applicants should also account for operating expenses that extend beyond 2009.

Expense	2009	2010	2011	2012
Driver's Salary	\$	\$	\$	\$
Maintenance & Repair	\$	\$	\$	\$
Fuel / Oil	\$	\$	\$	\$
Administrative	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Other (Please identify)	\$	\$	\$	\$
Total Operating Expenses	\$	\$	\$	\$

LOCAL MATCH FOR OPERATING EXPENSES

Only complete this section if you are applying for an operating grant.

Please identify local funding sources for operating expenses. While the award is only for 2009 expenses, please demonstrate how you will fund operating expenses over the next three additional years.

Source	2009	2010	2011	2012
County	\$	\$	\$	\$
City	\$	\$	\$	\$
State	\$	\$	\$	\$
Federal (Please identify)	\$	\$	\$	\$
Donations	\$	\$	\$	\$
Corporate	\$	\$	\$	\$
Other (Please identify)	\$	\$	\$	\$
Total Local Match (must equal 50% or greater of the Total Operating Expenses)	\$	\$	\$	\$

BUDGET SUMMARY

Summarize your project's monetary request:

	Split (Federal/local)	Total Amount	Local Share	Federal Grant Share
Total Estimated Vehicle Capital Cost	80/20			
Total Estimated Non- Vehicle Capital Cost	80/20			
FY 2009 Operating Expenses	50/50			

Summarize the resources for the local share:

Source	Capital Budget	Operating Expense	Total Local Resources
Total Resources:			

PREVENTIVE MAINTENANCE ASSURANCE

(Only complete this section if you are applying to purchase a vehicle)

You must either:

1. Adopt, implement, and practice vehicle preventative maintenance in accordance with UDOT recommended preventive maintenance program;

Or:

2. Have another vehicle preventive maintenance program approved as a substitute for the UDOT recommended preventive maintenance program.

Which of these two options does your agency choose??

- ☐ Adopt UDOT PM Program
- ☐ Approved Substitute – Date Substitute Approval from UDOT _____

CIVIL RIGHTS

Has your agency had any lawsuits or complaints lodged against them involving civil rights issues in the last three years?

- ☐ Yes
- ☐ No

If 'Yes', describe how many and indicate if they have been resolved.

Is this agency minority owned?

- ☐ Yes
- ☐ No

Do you agree to comply with all applicable federal civil rights laws and regulations and agree that no person shall on the grounds of race, color, income, national origin, gender, age, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any service, program, or activity of your organization?

- ☐ Yes
- ☐ No

FTA CERTIFICATIONS AND ASSURANCES AGREEMENT

Recipients of FTA grants are required to comply with FTA's annual certifications and assurances agreement. The agreement covers a variety of topics such as nondiscrimination, lobbying, procurement, acquisition of capital assets, drug testing and other requirements.

The certifications and assurances as well as the signature page that UDOT will use to record your acceptance of the agreement, if awarded funds, is included in Appendix E of the Program Guidance. Organizations unable to sign the agreement will not be awarded FTA funds.

- ☐ We have read the certifications and assurances and agree to comply with all applicable requirements

VERIFICATION

I am an acting representative of the applicant agency herein and I am authorized to make this verification on its behalf.

The statements submitted in this application are true to the best of my knowledge.

Signature

Print Name

Date